

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000016472

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** CPR MARKETING PARTNERS, LLC

**Current Principal Place of Business:**

1825 PONCE DE LEON BLVD. #187  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1825 PONCE DE LEON BLVD. #187  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 77-0675399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RAMEY, CHRISTOPHER P  
1825 PONCE DE LEON BLVD., #187  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RAMEY, CHRISTOPHER P  
Address: 1825 PONCE DE LEON BLVD., #187  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTOPHER P. RAMEY

MGR

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date